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PABST PATENT GROUP 

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TELEFAX

Date: December 21, 2005

Total pages: 25
(including fax cover)

To: US Patent and Trademark Office

Telephone:

Telefax: 571-273-8300

From: Patrea Pabst

Telephone: 404-879-2151

Telefax: 404-879-2160

Our Docket No. JAG 100
Your Docket No.

Client/Matter No. 092687/2

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jay A. Goldstein, Michael Rothman, and Whe-Yong Lo

Serial No.: 10/691,928

Group Art Unit: 1616

Filed: October 23, 2003

Examiner: David Paul Stitzel

For: *Antifungal Formulations*

Transmittal Form (PTO/SB/21); Fee Transmittal Form PTO/SB/17; Amendment and Response

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PTO/SB/21 (09-04)


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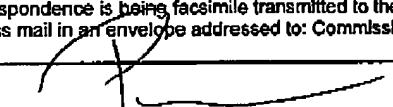
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/691,928
	Filing Date	October 23, 2003
	First Named Inventor	Jay A. Goldstein
	Art Unit	1616
	Examiner Name	David Paul Stitzel
Total Number of Pages in This Submission	Attorney Docket Number	JAG 100

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <i>Letter of General Anticipation</i>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Patrea L. Pabst		
Date	December 21, 2005	Reg. No.	31,284

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Patrea L. Pabst	Date	December 21, 2005

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/691,928
Filing Date	October 23, 2003
First Named Inventor	Jay A. Goldstein
Examiner Name	David Paul Stitzel
Art Unit	1616
Attorney Docket No.	JAG 100

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	0	x	=			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	0	x	=			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	Registration No. 31,284	Telephone (404) 879-2151
Name (Print/Type) Patrea L. Pabst	(Attorney/Agent)	Date December 21, 2005

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**IN THE UNITED STATES PATENT AND TRADEMARK
OFFICE**

Applicant: Jay A. Goldstein, Michael Rothman, and Whe-Yong Lo

Serial No.: 10/691,928

Art Unit: 1616

Filed: October 23, 2003
Stitzel

Examiner: David Paul

For: *ANTIFUNGAL FORMULATIONS*Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**AMENDMENT**

Sir:

Responsive to the Office Action mailed on September 21, 2005,
and the interview on November 15, 2005, please amend the claims
and consider the following remarks and accompanying Declaration
under 37 C.F.R. 1.132. It is believed that no fee is required with
this submission. However, should a fee be required, the
Commissioner is hereby authorized to charge the fee to Deposit
Account No. 50-3129.